| In re | Metro Home Health Care Network, Inc. | | Case No | 13-61253 | |
|-------|--------------------------------------|--------|---------|----------|--|
| - | | Debtor | | | |

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

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| Accident Fund | | - | | | | | |
| | | | | | | | 17,379.10 |
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| Aetna, Inc. | | - | | | | | |
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| In re | Metro Home Health Care Network, Inc. | | Case No | 13-61253 | |
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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

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| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | nis | pag | e) | 24,871.92 |

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Creditors Holding Unsecured Nonpriority Claims

| In re | Metro Home Health Care Network, Inc. | Case No | 13-61253 |
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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community UZLLQULDAFED CODEBTOR CONTINGENT CREDITOR'S NAME, MAILING ADDRESS DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, W CONSIDERATION FOR CLAIM. IF CLAIM AND ACCOUNT NUMBER J AMOUNT OF CLAIM IS SUBJECT TO SETOFF, SO STATE. С (See instructions above.) Account No. American Express 15,328.26 Account No. **American Express** 5,757.92 Account No. **American Express** 6,000.00 Account No. American Inbound 117.50 Account No. Amerisure Insurance 549.00 Sheet no. 2 of 15 sheets attached to Schedule of Subtotal 27,752.68

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| In re | Metro Home Health Care Network, Inc. | | Case No. | 13-61253 |
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| AT&T | | - | | | | | | |
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| Bank of America Merrill Lynch American E | | - | | | | | | |
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| Bulls Eye Telecom | | - | | | | | | |
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| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his 1 | กลอ | (e) | 1 - | , |

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Best Case Bankruptcy

| In re | Metro Home Health Care Network, Inc. | | Case No | 13-61253 |
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| In re | Metro Home Health Care Network, Inc. | | Case No. | 13-61253 |
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| In re | Metro Home Health Care Network, Inc. | | Case No | 13-61253 | |
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| In re | Metro Home Health Care Network, Inc. | | Case No | 13-61253 | |
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| In re | Metro Home Health Care Network, Inc. | | Case No. | 13-61253 |
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| In re | Metro Home Health Care Network, Inc. | | Case No | 13-61253 | |
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| Mckesson Medical Supplies P.O. Box 630693 Cincinnati, OH 45263-0693 | | | - | | | | | 10,992.47 |
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| Account No. Metro Home Health Care Plans, Inc. | | | - | | | | | 7,875.75 |
| Account No. | ╁ | + | \dashv | | \vdash | \vdash | \vdash | |
| Michael Plante | | | - | | | | | 50.47 |
| | | | | | | L | | 50.47 |
| Sheet no. 9 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | S (Total of t | Subt his | | | 19,445.29 |
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13-61253-pjs Doc 90 Filed 12/16/13 Entered 12/16/13 23:55:05 Page 10 of 16

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Rest Case Bankruptcy

| In re | Metro Home Health Care Network, Inc. | | Case No. | 13-61253 |
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| - | | Debtor | , | |

(Continuation Sheet)

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| CREDITOR'S NAME, | C | Н | usband, Wife, Joint, or Community | | U | P | | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C J M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM | CONTINGENT | Įυ | D I S P UT E D | AMOUNT OF CLA | ΔIМ |
| Account No. | | | | ' | A T E D | | | |
| Michigan Department of Treasury Lansing, MI 48922 | | - | | | | | | |
| | | | | | | | 6,872.5 | 53 |
| Account No. | | | | | | | | |
| Michigan Unemployment Insurance Agency | | - | | | | | | |
| | | | | | | | 15,895.9 | 95 |
| Account No. | | | | | | | | |
| MikeRo MOH | | - | | | | | | |
| | | | | | | | 325.0 | 00 |
| Account No. | | | | | | | | |
| Monroe Rent | | - | | | | | | |
| | | | | | | | 1,950.0 | 00 |
| Account No. | | | | | | | | |
| MSW Consultants | | - | | | | | | |
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| Sheet no10_ of _15_ sheets attached to Schedule of | | _ | 1 | Sub | tots | L il | 1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | | | | 25,503.4 | 1 8 |

| In re | Metro Home Health Care Network, Inc. | | Case No. | 13-61253 |
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Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, | С | Нι | usband, Wife, Joint, or Community | C | U | T | ēΤ | |
|--|----------|-------------|---|------------|------------------|--------------|-------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C J H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM | CONTINGENT | UNLIQUIDAT | ! U | U T E | AMOUNT OF CLAIM |
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| Pitney Bowes | | - | | | | | | 150.24 |
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| Account No. | l | | | | | | | |
| PPS Plus Software | | - | | | | | | |
| | | | | | | | | 1,592.00 |
| Account No. | H | T | | t | T | t | † | |
| Preferred Data Systems, LLC 39100 Country Club Drive, Suite 200 Farmington, MI 48331 | | _ | | | | | | 8,913.80 |
| Account No. | \vdash | ├ | | | + | + | \dashv | |
| Priority Health | | - | | | | | | |
| | | | | | | l | ╛ | 27,560.42 |
| Account No. | | | | | | | | |
| Public Storage | | - | | | | | | |
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| Sheet no11 of15 sheets attached to Schedule of | | _ | | | tota | | 7 | 38,241.01 |
| Creditors Holding Unsequend Nonpriority Claims | | | (Total of t | hic | - | ~~ | . L | 30,241.01 |

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

| In re | Metro Home Health Care Network, Inc. | Case No. 13-61253 |
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Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community UNLIQUIDATED CODEBTOR CONTINGENT CREDITOR'S NAME, MAILING ADDRESS DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE. W CONSIDERATION FOR CLAIM. IF CLAIM AND ACCOUNT NUMBER J AMOUNT OF CLAIM IS SUBJECT TO SETOFF, SO STATE. С (See instructions above.) Account No. Ralph C. Wilson Agency Inc. 250.00 Account No. **Richard Porter** 4943 Birchcrest Dr. Oscoda, MI 48750 1,400,000.00 Account No. **Rite Step Rehab Solutions** 5,000.00 Account No. Salesforce.com INC 1,136.85 Account No. Schafer and Weiner 40950 Woodward Avenue, Suite 100 **Bloomfield Hills, MI 48304** 119,635.06 Sheet no. 12 of 15 sheets attached to Schedule of Subtotal

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Creditors Holding Unsecured Nonpriority Claims

| In re | Metro Home Health Care Network, Inc. | | Case No | 13-61253 | |
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(Continuation Sheet)

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| In re | Metro Home Health Care Network, Inc. | | Case N | o. <u>13-61253</u> | |
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| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | |

| In re | Metro Home Health Care Network, Inc. | Case No | 13-61253 | |
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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

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| CREDITOR'S NAME, | CC | Н | usband, Wife, Joint, or Community | CC | U | D | |
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| Verizon Wireless | | | | | | | |
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| Creditors Holding Unsecured Nonpriority Claims | | | (Total of the | | | | 11,934.63 |
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